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Ministry of
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Surrey
Place
Centre

Infant
Stimulation
Program

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Publications

Surrey Place Centre Infant Stimulation Curriculum



Home Stimulation Program

Infant Stimulation Curriculum

Introduction

The Infant Stimulation Curriculum is the basis of the training program offered by the Surrey Place Centre Infant Stimulation Program to parents of developmentally delayed infants under 2 years of age. It is comprised of the Developmental Profile with accompanying informational material and a method of providing individual home stimulation programs.

The Developmental Profile is a checklist designed to identify an infant's developmental skills in the areas of:

Gross Motor Coordination
Fine Motor Coordination
Social-Cognitive Skills
Early Self-Care Skills
Communication Skills

The most appropriate level of stimulation for the infant is determined by noting the unachieved items. Each item has been chosen because the skill can be programmed for the infant, because of its importance in the infant's overall development, and to reflect the progress that may be expected in a delayed population under 2 years of age.

The Profile is a way of recording the developmental assessment findings, setting appropriate goals and observing the infant's progress in order to determine the effects of the stimulation. The Progress Summary Sheet gives an overview of the infant's achievement in all skill areas. The accompanying written information gives an outline of the development and importance of each skill. While all the information applies equally to both boys and girls, the pronouns "he" and "she" have been used alternately in the text.



In cooperation with the parents, individualized home stimulation programs are designed for the infant in each skill area. Instructions specifying the immediate goal, suggested activities, and the long-range purpose of the skill are written up for the parents and are updated regularly. The parents are expected to carry out activities during daily routines. A formal collection of activities is being developed for each item on the checklist.

Although there is considerable overlap of function in all the skills, the separation has been made to more clearly define the infant's difficulties so that programming can be as specific as possible. It is, however, important to bear in mind the overlap; for example, motor coordination influences the infant's exploration of the environment and the ability to self-feed, while communication influences the infant's ability to form early concepts and to engage in problem solving.

The material was developed by:

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Acknowledgements are given to:

Martha Sandmann, Occupational Therapist
Helen Eagar, Speech Pathologist
Sharon Leuchter, Speech Pathologist

Instructions

1. Assess all items on the Developmental Profile in one session. This is to be done together with the parents. The folder and assessment sheets are to be given to the parents.
2. Fill in the age of assessment in months. Any number of additional days below 15 belong to the previous month. Sixteen days and over make the child one month older.
3. Column 'A' on each Skill Sheet is for recording findings of the first assessment. Place a check mark opposite each item the child can achieve independently.
4. The Skill items provide a guideline for establishing stimulation goals by noting the unachieved items. Goals should be set for each of the skill areas and a stimulation program designed accordingly.

The stimulation program is to be recorded on the 'Home Stimulation Program' sheet (see completed sample, over). One copy is to be given to the parents and updated in the 'progress' section on each visit. Record the date and briefly note any change.

5. In most cases, the infant's present functioning level indicates that at one time she passed through the preceding items. However, this is not always true. In some cases, if an item has been skipped, it may be necessary to develop the skill. In other cases, it may be omitted without affecting the infant's independent functioning.
6. The 'Age Gained' column is to be used by parents or therapists to record achievement of each step so that a 'running' profile of the infant's development may be maintained and the stimulation program suitably adjusted.
7. The 'Progress Summary Sheet' gives a visual picture of the infant's overall skills. Shade in the appropriate square for each skill the infant achieves independently on the first assessment. Fill in the age in each appropriate square as the infant achieves the skill to show a running profile of the infant's development.

Home Stimulation Program

Completed Sample



Ministry of
Community and
Social Services

Surrey July 1976
Place
Centre

Surrey Place Centre
2 Surrey Place
Toronto, Ontario M5S 2C2

Name: John K. Date: Jan. 11, 1976

Communication Skills

Goal: John will increase vocalizations following imitation of his vocalizations

Activity: When you hear John vocalizing, repeat his sound back to him. Wait for a response and then repeat it. If he makes any vocalization in return praise him and say "good you're talking to me", and make the sound again.

Try and engage him in such 'vocal conversations' at least 5 times during the day and each day increase the duration (i.e. 5 sec., 10 sec., 15 sec., 20 sec.)

Purpose: Imitation of sounds is the most important basis for an infant in learning to produce speech. Imitation of this sort also lays the foundation for later use of speech to get a response from a listener.

Progress:

- Feb. 10 - John listens and then stops vocalizing - continue activity.
- Mar. 12 - John laughs and vocalizes a little - continue activity.
- Apr. 10 - No change - continue activity.
- May 10 - John engages in vocal conversations for 5 second periods - continue activity.

Gross Motor Coordination

Gross Motor Coordination refers to our ability to control the movements of the large muscles of our body so that we can hold ourselves upright against gravity, change from position to position, and move through space.

The newborn infant is totally dependent on others for survival. The sensory-motor phase of his development begins at birth and ends when he is approximately 2 years of age. During this time the infant explores himself and his environment using all his senses; he becomes aware of himself as an independent being separate from the environment and able to adapt to changes in the environment. At birth, the infant has a basic ability and need to move. Through experimentation of these movements he becomes aware of his body parts and how to control their actions. Purposeless movements become purposeful and help him to act on objects in the environment and to grow towards independent survival and satisfaction.

Control of the body parts develops in two main directions:

- i) from head to feet; and
- ii) from the centre of the body to the periphery.

Balance and posture enable the infant to hold positions, to change positions, to move through the world freely to explore the environment, and to understand the effect he has on his surroundings (e.g., to throw and bang toys).

(continued on back)



Name: _____ Age Assessed: _____

Head, Trunk and Shoulder Control

	A	Age Gained
1. Holds head up momentarily when held at shoulder.		
2. Raises head when lying on tummy.		
3. Raises head and bears weight on forearms lying on tummy.		
4. Makes an effort to keep head in line with body when pulled from lying to sitting.		
5. Sits with slight support.		
6. Holds head up when tipped slowly from side to side in supported sitting.		
7. Bears weight through straight arms when lying on tummy.		
8. Holds head up when lowered from sitting to lying by hands.		
9. Lifts head and pulls to sitting when given hand support.		
10. Bears weight on one arm and lifts the other when lying on tummy.		

Sitting

	A	Age Gained
1. Sits alone momentarily when placed in sitting.		
2. Sits alone for 15-30 seconds.		
3. Protects self with arms when tipped forward in sitting.		
4. Sits for 2 minutes or more using hands for support (loses balance if tipped off centre).		
5. Sits unsupported with hands free for activity.		
6. Protects self with arms when tipped sideways in sitting.		
7. Maintains sitting balance when reaching with both hands around to the side for toys.		
8. Maintains sitting balance when reaching with both hands for toy held above head.		
9. Pushes from lying to sitting with one hand when given support at the other hand.		
10. Assumes sitting independently.		

Early Locomotion

	A	Age Gained
1. Rolls from side to back or tummy.		
2. Rolls from tummy or back to side.		
3. Completes one full roll from front to back or reverse.		
4. Completes 2 or more rolls consecutively.		
5. Creeps flat on floor.		
6. Takes weight on feet when held in standing.		
7. Pulls to standing when held at hands.		
8. Crawls on hands and knees or scoots on bottom.		
9. Moves ring walker backwards.		
10. Moves ring walker forwards.		

Walking

	A	Age Gained
1. Shows early stepping movements when held in standing.		
2. Pulls self to standing at furniture.		
3. Cruises around furniture.		
4. Walks with two-hand support (manual or push walker)		
5. Stands unsupported.		
6. Sits down from standing without holding on.		
7. Walks with one hand held.		
8. Walks alone.		
9. Assumes standing without using hands.		
10. Walks upstairs with hand held.		

The general sequence of development is the same in most infants but the age the skill is learned and the degree of proficiency vary from child to child. There is a time-lag between when he first performs a skill and when the skill becomes functional (e.g. between the time he takes his first steps and the time he walks freely).

Sensory motor coordination influences other areas of life such as providing the infant with a feeling of success from doing things independently and in learning new tasks. When the infant can move freely, he explores his environment and discovers how things relate to each other and how he relates to them. Balance in all positions helps him maintain that position effortlessly so that he can give his attention to tasks such as feeding and scribbling. If he has to concentrate on motor control, his attention is taken away from the other tasks. Also, if an infant moves too much, or is too passive and does not like moving, attention to task and interest in the environment are affected.

A regular sensory-motor program from infancy, with opportunities for free exploration, can help an infant develop and use his gross motor skills more effectively. For those infants with additional physical handicaps, special opportunities can be designed to aid motor independence.

Fine Motor Coordination

Fine Motor Coordination refers to the ability to control the small muscles of the hand for purposeful activities. In order to use a crayon to colour or a spoon to eat, one must be able to reach, grasp and manipulate an object.

The hand is one of the infant's primary means of exploring her environment (ie., rubbing the carpet, splashing in water, feeling powder). She learns concepts such as size, weight and texture by the things she does and the things she makes happen. Manipulating toys helps her to learn how things work, how they fit together and how they affect each other. Whether she is shaking a rattle or hitting pegs with a hammer, she is involved in this learning process.

Fine motor skills are developed along with gross motor skills and visual skills. Soon after birth the infant begins to look at people, objects and mobiles while engaging in random arm movements. When she first learns to watch an object moving in front of her and is able to follow it with her eyes in all directions, she will not be able to control her arms in order to reach for it. Eventually, by chance she'll hit the object that she is looking at. This is the first step in the development of eye-hand coordination. Through repetition, by reaching for a variety of objects, her coordination improves.

(continued on back)



Name: _____ Age Assessed: _____

Early Hand Skills

A Age
Gained

1. Brings hands to mouth.		
2. Scratches surfaces with open hands.		
3. Drops toy placed in hand.		
4. Holds toy placed in hand briefly.		
5. Brings hands together at midline and plays with fingers.		
6. Takes toy placed in hand to mouth.		
7. Holds toy placed between both hands.		
8. Actively places hands on table (seated on lap at table).		
9. Retains two blocks (one placed in each hand).		
10. Bangs spoon placed in hand.		

Later Hand Skills

A Age
Gained

1. Transfers toy from one hand to the other.		
2. Isolates movement of index finger.		
3. Bangs a toy in each hand together at midline.		
4. Releases toy by dropping it.		
5. Neat pincer grasp of pellet touching index finger.		
6. Claps hands.		
7. Grasps wooden stick held horizontally under both hands.		
8. Retains hold on wooden stick in both hands when stick pulled forward.		
9. Throws toys purposefully.		
10. Places toy on table purposefully.		

Early Eye-Hand Coordination

	A	Age Gained
1. Eyes follow ring dangled on a string from side to side, (8" distance; lying on back).		
2. Eyes follow ring dangled on a string moving up and down, (8" distance; lying on back).		
3. Random arm movements with both arms towards dangling ring, (lying on back).		
4. Reaches and touches dangling ring with one hand, (lying on back).		
5. Reaches and grasps dangling ring held near hand, (lying on back).		
6. Stretches for and grasps dangling ring, (lying on back).		
7. Regards stationary cube (supported sitting).		
8. Head follows dangling ring moving from side to side, (supported sitting).		
9. Reaches and grasps dangling ring (supported sitting).		
10. Watches car moving across floor.		

Later Eye-Hand Coordination

	A	Age Gained
1. Reaches and grasps stationary block with fingers only.		
2. Reaches and grasps block with some thumb use.		
3. Reaches and grasps a pellet between thumb and fingers.		
4. Removes cube from cup.		
5. Removes peg.		
6. Turns a telephone dial with one finger.		
7. Places cube in cup.		
8. Places ring on a stick.		
9. Places peg in pegboard.		
10. Builds a tower of 2 cubes.		

Reaching initially develops while the infant is lying on her back. She reaches with both arms before reaching with one arm. While lying on her side she brings both hands together more easily, and while on her tummy she learns to take weight on her arms and to explore surfaces with her hands. Before she learns to sit independently she requires support that leaves her arms free for comfortable reach in all directions.

The infant will be able to grasp purposefully before she is able to release objects voluntarily. She will use her whole hand to grasp before she learns to manipulate objects between her fingers and thumb. She will learn to pick up objects accurately before learning to place them accurately (e.g., she learns to take out pegs before learning to put them into a pegboard).

To help the infant develop her fine motor skills, she should be provided with interesting things to look at and to manipulate. What she is able to do with her hands determines how she will use them functionally (e.g., holding and lifting a spoon to feed herself).

Social-Cognitive Skills

Social interaction refers to an enormous range of behaviour from the baby's first smile to his ability to stand up for his own rights while respecting the rights of others. Changes in the infant's social responses reflect changes in his growing awareness of other people in his world and of himself as separate from but able to influence these people.

The most important thing parents can do to help their infant's progress through these early stages is to do the very things that parents have intuitively done through the ages -- hold the child, rock him, touch him, kiss him, smile, coo and talk. Babies are fascinated by the human face and often prefer looking at faces to watching toys or mobiles. A young infant will smile at anyone who smiles and talks to him. Gradually, however, he comes to recognize his parents and 'makes strange' with other people. The early games, such as pat-a-cake, are important steps in developing imitation. The infant can watch what another person is doing and learns to repeat those actions himself. The early smiles and games that are shared by the infant and his parents build strong bonds which lay the foundation for the feelings of trust and security necessary for the child to begin exploring his world.

Most of the young child's exploration occurs through play. Play allows the infant to learn new skills, to practice old ones, and to begin to make sense out of the events he sees unfolding around him. This never ending process of making sense of the world is called 'cognition'.

(continued on back)



Name: _____ Age Assessed: _____

Early Play and Exploration

	A	Age Gained
1. Observes environment.		
2. Watches and plays with hands.		
3. Anticipates reappearance of a toy moved in a circle around head.		
4. Keeps dangling object active by repeated arm movements.		
5. Systematically examines and manipulates toy.		
6. Looks for dropped toy.		
7. Shows purposeful cause and effect behaviour (rings bell purposefully, squeezes toy to make sound, etc.).		
8. Obtains a doll partially covered by a cloth as child watches (only feet visible).		
9. Moves to regain an object placed out of reach and resumes play using it.		
10. Obtains a toy entirely covered by a cloth while watching.		

Later Play

	A	Age Gained
1. Plays with objects by systematically clustering them in space.		
2. Kisses (or pats) a doll in imitation.		
3. Obtains a toy by pulling the string after a demonstration.		
4. Places a small can into a larger can after trial and error.		
5. Uses familiar objects functionally in play (e.g., puts telephone to ear, horn to mouth, pushes car).		
6. Places one round block in a 3-hole formboard.		
7. Seeks adult help with tasks (e.g., gives adult wind-up toy to reactivate).		
8. Attempts to reactivate a mechanical toy by playing with the winding mechanism.		
9. Finds a toy hidden alternately under 1 of 2 cloths (repeat 3 times).		
10. Rolls toys down an inclined plane after demonstration.		

Early Social Interaction

	A	Age Gained
1. Quiets when picked up.		
2. Regards person momentarily.		
3. Eyes follow moving persons.		
4. Socially smiles to adult who smiles and talks.		
5. Visually recognizes mother.		
6. Reacts to disappearance of face which moves suddenly from face to face interaction.		
7. Shows awareness of changes in the environment.		
8. Regards own mirror image.		
9. Imitates a gesture already in repertoire (e.g., banging when he is not doing it).		
10. Attempts to continue a familiar 'game' (e.g., jumping) during pauses by performing part of the activity.		

Later Social Interaction

	A	Age Gained
1. When shown to hit two blocks together responds by hitting a block on the floor or in the adult's hand.		
2. Imitates 2-3 familiar gestures (e.g., pat-a-cake).		
3. Extends toys to others but without releasing them.		
4. Repeats performance laughed at.		
5. Imitates 2-3 novel gestures which are visible to the child (e.g., stamping foot, opening and closing hand).		
6. Initiates play with adult.		
7. Imitates at least one facial gesture.		
8. Approaches and observes other children.		
9. Attempts interaction with peers vocally or motorically; e.g., by pushing.		
10. Engages in independent parallel play.		

At very early ages it is important to offer the infant a variety of experiences to encourage active exploration of his environment. This can be done by hanging a mobile over the crib, stringing spools, ribbons and sponges across a cot, having the baby in his seat on the kitchen table while doing the dishes, etc. Taking the baby out for walks, to play on the balcony, and to the grocery store are additional ways of encouraging him to reach out to the larger world through sights, sounds and new smells.

As the infant develops in gross and fine motor skills, his ability to explore his world in more advanced ways also develops. At an early age, he may merely wave a rattle placed in his hand. At a later age, this same toy will be mouthed and explored and still later it will be thrown over the side of the crib for the parent to fetch again and again. It is important to offer the infant toys and activities that require him to use more advanced skills and to transfer old skills to new materials. Many of the same materials can be used in new ways as the infant progresses from waving a stick about, to banging it, to beating it on a drum. The parents' role is one of encouraging the child to move on to new activities instead of remaining stuck in one place.

Play, of course, first and foremost, is fun for the infant. It should also be fun for the adult. It is precisely the fun element, the mutual pleasures derived from the activity and the people played with, that motivate the infant to repeat these activities over and over again. Learning to structure the infant's play periods without interfering with his activities or without confusing him with too many new demands, will encourage him to develop new ways of understanding and relating to the world.

Drinking and Feeding

Feeding is an important consideration for all infants. It is through feeding that the infant gains the nutrition necessary for growth and development. Good feeding patterns also prepare the oral structures for effective speech production, and frequently the meal stimulates the infant's vocalizations. The mouth is the first organ of discrimination and helps the infant to learn to distinguish between hot and cold, hard and soft, rough and smooth, etc. Regularity of meals provides the baby with a sense of security; and mealtimes are also social times providing the infant with early interaction with adults.

Under or overfeeding an infant hinders development. Ideally, an infant doubles her birth weight by six months, triples it by one year, and by two years of age weighs four times her birth weight. Each pediatrician has her own routine for the introduction of foods and vitamins depending on the type of formula being used and the baby's constitution. As an example of when foods may be introduced the City of Toronto Department of Public Health Guide for Introduction of Foods to Infants is on the next page.

Frequently introduce new foods in small quantities at the beginning of meals, when the infant is content. Remember that pureed foods, if used too long, may cause the baby to object to the feel of lumps when she is finally introduced to them. Each food has its own distinctive smell and taste and it is best to serve them separately, not mixed, so that the child experiences the differences. Since mealtimes are social times, keep the atmosphere free from tensions and too many distractions.

(continued on back)



Age	Food	Why Introduced
up to 3 months	milk or formula with Vitamin C and Vitamin D sources	this meets all baby's nutritive needs until 3 months of age
3 months	iron enriched infant cereal -- plain as infant may have allergy	fetal iron reserves last only 3 months. Baby needs more calories than she gets from milk
4 months	pureed vegetables	vitamins, minerals and calories
5 months	pureed fruit	starting to set basis for good eating habits
6 months	egg yolk	extra protein, iron. (egg white not offered until 8 months to avoid precipitation of allergy)
6 months	hard, dry bread or plain biscuit	encourages teething and chewing
6 months	meat, poultry, etc.	extra protein, iron
6 months	gradually change formula to undiluted cow's milk	obtaining variety of nutrients from foods other than formula
6 - 8 months	gradually change texture from pureed to mashed or well chopped	if pureed foods used too long baby may object to lumpy foods
11 - 12 months	baby should have ability to eat a variety of (mashed or chopped) nutritious foods	

Name: _____ Age Assessed: _____

Drinking

	A	Age Gained
1. Sucks and swallows but requires frequent breathing rests with nipple removed from mouth. Feeding is slow.		
2. Suck and swallow coordinated with breathing. Nipple remains in mouth while resting. Feeding is rapid.		
3. Sucks regular cup into mouth as if bottle. Liquid is lost due to jaw thrust and no lip closure.		
4. Closes lips around cup which is held on bottom lip. Loses liquid only when cup is removed from mouth.		
5. Drinks neatly from cup held by adult. No liquid lost when cup removed.		
6. Tilts head back to drain cup held by adult.		
7. Drinks from cup when placed in hands. Supervision needed.		
8. Picks up cup from table. Spills when placing it down.		
9. Picks up cup and places it without spilling when supervised.		
10. Drinks a filled cup without supervision.		

Feeding

	A	Age Gained
1. Holds head in mid-position -- seated on lap or chair.		
2. Swallows pureed food from spoon only when placed on back of tongue, otherwise spits out food.		
3. Anticipates spoon by opening mouth.		
4. Removes food from spoon with lips.		
5. Munches soft lumpy food with gums.		
6. Finger feeds chunks of food, e.g., bread, biscuits.		
7. Chews chopped table food with gums.		
8. Takes loaded spoon to mouth. Process very messy.		
9. Chews chunks of table food, e.g., meat.		
10. Loads spoon and takes it to mouth.		

Sucking and swallowing are reflexes present at birth and enable the infant to successfully handle a nipple. These reflexes become well practised and strong in the few months following birth. Lip closure begins to develop with the introduction of solids from a spoon. Initially the infant thrusts food from her mouth with her tongue and then gradually learns to close her lips around the spoon keeping her tongue in her mouth. Lip closure and jaw control are developed further with the introduction of a cup, and the infant learns to close her lips around the cup drinking in a mature manner. Biting on teething biscuits and small pieces of lumpy foods leads to the grinding motion of chewing. Chewing may be developed before any molars appear. Once lip closure and chewing are well established, the infant is ready for active self-feeding.

Holding the bottle or cup and feeding by finger or spoon are the baby's first attempts in self-care. Messy times naturally begin with self-feeding as the infant uses her hands to explore, feel and then taste the food before she learns to use tools. She learns next to lift a loaded spoon but has difficulty putting it into her mouth. As hand and wrist skills improve, she becomes able to load the spoon and to place it accurately in her mouth. An infant will help to hold a cup first, then remove it from your hands, then pick it up herself. Supervision is needed until she learns to place the cup down by herself.

Should the infant have difficulty in developing oral control, special positioning, seating and management may be necessary to ensure that the infant gets adequate nutrition without consuming too much of mother's time. Adapted spoons help an infant with poor hand control learn to feed. However, adapted cups perpetuate sucking motions and delay the learning of liquid control while drinking.

Self-Care Skills are a source of pride for the infant and need encouraging to help build a sense of self worth and independence. One meal a day spent with the family from an early age, encourages the infant to learn through imitation. As part of the family she will develop her feeding skills and learn social skills such as table manners.

Communication Skills

Communication refers to a person's ability to receive, understand and send messages. Such messages may be in the form of words, gestures, signs or symbols but all relay information about the world around us and about our feelings and needs. Communication skills may be divided into two categories:

Receptive Skills - the ability to receive and understand messages; and

Expressive Skills - the ability to convey our thoughts to others in a meaningful fashion.

As the infant learns to communicate, he will develop an awareness of speech (the sounds we hear and say) and language symbols (the words we attach to objects and people). This process begins at birth, first receptively and then expressively.



Growth of Receptive Language

At first, any sudden noise or sound startles an infant. Gradually this reaction disappears and the infant begins to show an interest in the sounds around him. - He may actively seek out sounds when he cannot see their source. This is the beginning of early listening skills.

The human voice is most attractive to the infant. When he fusses or is upset, he may settle more effectively if addressed in a soft, conversational tone. Again, he is learning to pay attention or to listen to people speaking. Through repetition, an infant comes to recognize his own name, which may be the first 'word-symbol' he learns.

The volume, rhythm and melody of music are attractive to a child and help him to learn these same characteristics in adult speech. Thus, listening skills are developed further by exposure to different musical rhythms.

The infant learns the meaning of simple action-words most easily when they are accompanied by a gesture (eg. 'up', 'come', 'bye-bye'). Learning word-labels for familiar people and objects is a lengthy process.

An infant understands spontaneously spoken sentences better than single words repeated artificially. He will learn to identify real, concrete objects before learning to identify pictures. Understanding simple questions and following simple directions are later communication steps involving the young child's active participation.

Growth of Early Expressive Language

The infant's earliest sounds reflect the way he feels. Crying usually indicates hunger, discomfort or the need for attention. Cooing sounds mean contentment and are used by the infant as a means of self-pleasure. The infant is most 'talkative' after he has been fed and at bedtimes.

Repetition of his sounds by others encourages him to imitate his own sounds and to eventually imitate the sounds made by others. Speech sounds will be refined with repetition. Vocalization makes the infant more aware of his oral movements. The transition from babbling to the use of real words is a major step, and the child continues to communicate his needs through babbling and gestures even as his vocabulary grows.

Learning to speak allows the child to relate more effectively to people. It helps him to inform others of his basic needs and to express his feelings in a more mature way. Language provides an avenue for advanced learning throughout life. However, learning a communication system is not a simple task. This skill undergoes constant change over a period of many years and providing the very young infant with a variety of listening experiences and opportunities to vocalize will help him on his way.

Name: _____ Age Assessed: _____

Receptive Language

Age
A Gained

1. Quiets or startles to sound of rattle or environment.		
2. Turns head to voice.		
3. Looks towards source of sound (e.g., bell, rattle, etc.) produced out of view.		
4. Responds to own name by eye contact, head turn, smile, etc.		
5. Responds to rhythmic music.		
6. Stops activity when told 'no'.		
7. Follows words only (e.g., 'bye-bye', 'clap hands', 'up', etc.) with appropriate gesture.		
8. Looks in appropriate direction when asked 'where is daddy' (ball, dog, etc.).		
9. Follows simple directions (e.g., 'give me the __', 'throw the ball', etc.).		
10. Points to named pictures of familiar objects.		

Early Expressive Language

Age
A Gained

1. Vocalizes other than crying (comfort sounds, cooing, etc.).		
2. Makes 4 different single vowel sounds (e.g., ah, eh, uh, ng).		
3. Babbles, squeals and coos when talked to.		
4. Shows a positive response to imitation of own vocalization (smiles, laughs, stops and listens, etc.).		
5. Increases vocalizations following imitation of own vocalizations.		
6. Babbles using double-syllable consonants (e.g., 'ba-ba', 'da-da', 'um-mum-um', etc.).		
7. Imitates single vowel sounds (ah, eh), consonants (ba, da) or tongue clicks, etc.		
8. Uses gestures to make needs known (e.g., shakes head 'no-no' or points towards desired object).		
9. Uses one definite sound appropriately (e.g., 'mama' for mother, 'um' for eating, etc.).		
10. Imitates inflections in adult's voice.		



Ministry of
Community and
Social Services

Surrey July 1976
Place
Centre

Surrey Place Centre
2 Surrey Place
Toronto, Ontario M5S 2C2

Name: _____ Date of Birth: _____

Diagnosis: _____

Progress Summary Sheet

Age Assessed _____

Gross Motor Coordination

1 2 3 4 5 6 7 8 9 10

[illegible]

Fine Motor Coordination

1 2 3 4 5 6 7 8 9 10

Early Hand Skills									
Later Hand Skills									
Early Eye-Hand Coordination									
Later Eye-Hand Coordination									

Social-Cognitive Skills

1 2 3 4 5 6 7 8 9 10

Early Play and Exploration									
Later Play									
Early Social-Interaction									
Later Social-Interaction									

Early Self-Care Skills

1 2 3 4 5 6 7 8 9 10

Drinking									
Feeding									

Communication Skills

1 2 3 4 5 6 7 8 9 10

[illegible]

Home Stimulation Program



Ministry of
Community and
Social Services

Surrey July 1976
Place
Centre

Surrey Place Centre
2 Surrey Place
Toronto, Ontario M5S 2C2

Name: _____ Date: _____

Gross Motor Coordination

Goal:

Activity:

Purpose:

Progress:

Home Stimulation Program

Sample Program



Ministry of
Community and
Social Services

Surrey July 1976
Place
Centre

Surrey Place Centre
2 Surrey Place
Toronto, Ontario M5S 2C2

Name: _____ Date: _____

Gross Motor Coordination

(Head, Trunk & Shoulder Control 8)

Goal: The infant will hold his head in line with his body when lowered from sitting to lying.

Activity:

1. Sit cross legged on the floor. Place the baby facing you in the space between your knees with his legs crossed. Holding him at the elbows, rock gently back and forth encouraging him to keep his head balanced. Sing "row your boat" or some other appropriate song as you do this. Take turns with the other children in the family.
2. Hold the baby in your arms facing you. Support his neck with the palm of one hand and his trunk with the other. Dance about with him, swinging him up and down, encouraging him to keep his head in line with his body.
3. When lying the infant down in his crib or pram, put him first into a sitting position. Holding him by the elbows or hands, slowly lower him to lying as you talk to him encouraging him to focus on your face.

Purpose: Adjusting the head to movement of the body helps the baby learn to protect his head when falling backwards.

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Fine Motor Coordination

(Early Hand Skills 9)

Goal: The infant will hold an object in each hand at the same time.

- Activity:
1. Give your child a small block to hold in one hand. Place it directly into her hand if necessary. Offer her a second block and encourage her to hold it in her other hand. Allow her to drop the first block but assist her to pick it up while helping her to retain the block she is holding.
 2. Repeat the activity but this time hold your hand over hers so she does not drop the first when reaching for the second block.

Any small toy or food item, bells, balls, rattles, crackers, cookies, can be used for this activity as long as it interests your child.

Purpose: This activity teaches the infant that she has two hands that can work independently of each other and not only in the midline.

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Fine Motor Coordination

Goal:

Activity:

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Social-Cognitive Skills

(Early Play 3)

Goal: The infant will look for the reappearance of a toy that is moved in a circle around his head.

Activity:

1. Place the baby in an infant seat. Interest him in a bright rattle. Once he focuses on the rattle, move it out of his line of vision, circling it silently around his head so that it comes back on the other side. Shake the rattle to draw the baby's attention to it as it comes back into his line of vision. When he looks for it, praise him, pat him, etc. Repeat 3 more times, always moving the toy in the same direction.
2. At some other time during the day, repeat the above activity, but have the rattle move in the opposite direction from the one used previously.
3. When the baby consistently looks for the rattle, use a toy that does not make any noise.

Purpose: These activities teach the child to keep an object in mind briefly after it has been removed from view. This helps him learn that things exist even though he cannot see them.

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Social-Cognitive Skills

Goal:

Activity:

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Early Self-Care Skills

Goal:

Activity:

Purpose:

Progress:

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Date: _____

Early Self-Care Skills

(Feeding 4)

Goal: The infant will remove food from a spoon with her lips.

Activity:

1. Sit your child upright or as nearly upright as possible in a seat. Have all your materials for the meal ready. Use a baby spoon or coffee spoon as these fit the baby's mouth better making the task easier for her.
2. Sit directly in front of the baby. Place your middle finger under her jaw. This finger is used to control the opening and closing of the mouth. Allow the jaw to open just enough to place the spoon into the mouth. Press up under the chin to close her mouth around the spoon. Your thumb or index finger may be needed to press the lower lip around the spoon. Gradually reduce the amount of assistance as she takes over.

Always place the spoon flat on the child's tongue and remove it by pulling it straight out.

(If special seating positions are required for your baby, they will be specified by your therapist.)

Purpose: This activity helps the child acquire the necessary lip control to keep the tongue in the mouth so food is not thrust out. Removing the food herself brings the child closer to independence in feeding.

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Communication Skills

(Receptive Language 2)

Goal: The infant will turn his head towards an adult speaking quietly to him.

- Activity:
1. Lie the infant on his back or sit him on your lap, in a chair, or on the floor with his back toward you.

Position yourself to his side or behind him so that he cannot see you but may easily do so if he turns his head. Slowly and gently call his name and talk to him in ordinary, simple words, encouraging him to turn his head to look at you.

Wait for him to turn, then praise him by smiling, kissing him, etc. Repeat from the other side.

Also sing quietly at his side and encourage him to turn to find where you are.
 2. As you go about your daily household routines, keep him near you and talk to him often, encouraging him to look for you.

Purpose: These activities will give the infant practice in distinguishing a voice from other sounds, in locating a speaking person, and in paying attention to a voice producing words.

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Communication Skills

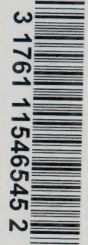
Goal:

Activity:

Purpose:

Progress:

Developmental Profile



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